

**U.S. IMMIGRATION AND CUSTOMS ENFORCEMENT
ENFORCEMENT AND REMOVAL OPERATIONS
ICE HEALTH SERVICE CORPS**

SAFETY AND SECURITY

IHSC Directive: 05-05

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By Order of the Acting Assistant Director
Stewart D. Smith, DHSc/s/

- 1. PURPOSE.** The purpose of this issuance is to set forth policies for Immigration and Customs Enforcement (ICE) Health Service Corps (IHSC) safety and security in facilities housing ERO detainees.
- 2. APPLICABILITY.** This directive applies to all ICE Health Service Corps (IHSC) personnel, including but not limited to, Public Health Service (PHS) officers, civil service employees, and contract personnel. It is applicable to IHSC personnel supporting healthcare operations in both ICE-owned and contracted detention facilities, and to IHSC Headquarters (HQ) staff. This directive applies to contract personnel when supporting IHSC in detention facilities and at HQ. Federal contractors are responsible for the management and discipline of its employees supporting IHSC.
- 3. AUTHORITIES AND REFERENCES.**
 - 3-1.** Title 8, Code of Federal Regulations, section 235.3 (8 CFR 235.3), Inadmissible Aliens and Expedited Removal.
 - 3-2.** Section 232 of the Immigration and Nationality Act, as amended, Title 8 U.S. Code, Section 1222 (8 USC 1222), Detention of Aliens for Physical and Mental Examination.
 - 3-3.** Title 8, Code of Federal Regulations, section 232 (8 CFR 232), Detention of Aliens for Physical and Mental Examination.
 - 3-4.** Section 322 of the Public Health Service Act, as amended, Title 42 U.S. Code, Section 249(a) (42 USC 249(a)), Medical Care and Treatment of Quarantined and Detained Persons.

- 3-5. Title 42, U.S. Code, Public Health Service Act, Section 252 (42 USC 252); Medical Examination of Aliens.
 - 3.6. Privacy Act of 1974; Department of Homeland Security U.S. Immigration and Customs Enforcement —013 Alien Medical Records System of Records. (78 FR 57688).
 - 3.7. Executive Order 12196 Occupational Safety and Health Programs for Federal Employees.
 - 3.8. Title 29, Code of Federal Regulations (CFR) Part 1960 Basic Program Elements for Federal Employee Occupational Safety and Health Programs and Related Matters.
 - 3.9. OSH Act of 1970 Section 19 Federal Agency Safety Programs and Responsibilities.
 - 3-10. DHS Directive (MD) 066-01 Safety and Health Programs as amended.
 - 3.11. Safe Medical Device Act of 1990; (Public Law 101-629).
 - 3.12. Rehabilitation Act of 1973; (Public Law 93-112).
4. **POLICY.** IHSC is committed to the safety and security of its medical clinics. The health services administrator (HSA) oversees all safety and security activities within the IHSC-staffed medical clinic and coordinates with facility staff who are responsible for plans and procedures related to facility safety and security. Health staff must comply with facility and medical clinic safety and security plans and procedures and comply with federal, state and local laws related to fire, safety, and security requirements within the medical clinic.

4-1. Safety Management Plan

- a. The HSA must have a written Safety Management Plan that is site specific. The key components of the Safety Management Plan include management, leadership and staff involvement, risk assessment or worksite analysis, hazard prevention and control, and staff training.
 - b. The HSA is responsible for assigning safety program duties and responsibilities for program accountability and meeting goals and objectives.

4.2. Safety Inspections

- a. The HSA must ensure that a weekly fire and safety inspection is conducted in the medical clinic by a qualified departmental staff

member and must forward a written report to the HSA and facility administrator for review; this qualified departmental staff member may be the facility safety officer or other staff member who by virtue of their education, credentials, and experience would be qualified to conduct these inspections. The written report must document suggested corrective actions if deficiencies are identified.

- b. The HSA must ensure that a monthly health and safety inspection is conducted in the medical clinic and submitted to PHSP Unit.
- c. The HSA must ensure that eye wash stations are tested weekly to verify that they are functioning safely and properly.

4.3 Hazard Identification Prevention and Control

- a. Health staff must immediately notify the HSA of safety hazards in the medical clinic.
- b. The HSA must document safety concerns in a memorandum and send it to the facility staff member responsible for safety.
- c. The HSA must ensure that medical clinic exits are clearly identified with signs and directional arrows and are unobstructed at all times, including during construction and renovation activities.
- d. The HSA must ensure that area specific exit diagram maps are clearly posted with "You are here" markers, emergency equipment locations, and "Areas of Safe Refuge" locations identified in English and Spanish.
- e. The HSA must ensure that health staff practice good housekeeping so that all medical clinic rooms, passageways, and administrative working areas are kept clean, and orderly and in a sanitary condition as required by OSHA housekeeping standard 1910.22(a).

4.4 Utility Management

- a. The HSA must ensure operational reliability of all utility systems that support patient care to include emergency power to alarm systems, egress and exit illumination, water, heating, ventilation, air conditioning, and plumbing.
- b. Health staff must notify the HSA or designee immediately of any utility system failures; the HSA or designee must notify the facility maintenance supervisor promptly of utility system failures.

4-5 Fire Prevention and Life Safety

- a. The HSA must have a site specific, written fire prevention, control, and evacuation plan that they review annually, and update as needed.
- b. The HSA must ensure that fire protection equipment is strategically located in the medical clinic and maintained in compliance with the manufactures recommendations.
- c. Smoking is prohibited in IHSC-staffed medical clinics.
- d. The HSA must ensure that manual fire alarm pull stations and fire extinguishers located in the medical clinic are unobstructed at all times, including during renovation and construction.
- e. The HSA must ensure that the minimum vertical clearance between the sprinkler head and material below is 18 inches or greater.
- f. The HSA must ensure that all health staff participate in a fire drill at least quarterly on each shift.
- g. The HSA must evaluate and document health staff participation and performance in fire drills and must maintain a file of fire drill evaluations.
- h. Health staff must participate in facility sponsored fire drills.
- i. Health staff must ensure that all occupants evacuate during fire drills conducted in the medical clinic, except where security or patient health could be jeopardized.
- j. The HSA must review fire drill evaluations with all health staff.
- k. Health staff must store and use flammable and combustible material according to manufacturer's Data Safety Sheets (SDS).
- l. The HSA must post "Oxygen in Use" signs where oxygen is stored, handled or used.
- m. Portable space heaters are prohibited in IHSC-staffed medical clinics.

- n. The HSA must ensure that extension cords are not damaged, taped, or used as substitutes for the fixed wiring of a structure.
- o. The HSA must ensure that extension cords do not run through holes in walls, ceiling, floors, doorways, windows, or be attached to building surfaces or concealed behind building walls, ceilings, or floors.

4-6. Security Protocols and Controls

- a. Health staff must immediately report security threats which include any activities which violate security protocol or procedures to protect the safety of staff, detainees and visitors to the HSA.
- b. The HSA must immediately report security threats to the facility staff responsible for security.
- c. In the event of a bomb threat or suspicious package, health staff must follow the medical clinic bomb threat or suspicious package procedures.
- d. Health staff must wear a government-issued identification badge at all times while on duty.

4.7. Workplace Violence

a. Definition

Workplace violence can be defined as any inappropriate behavior (which may include oral or written statements, gestures, or expressions) that communicate a direct or indirect threat of physical or psychological harm or damage to personnel and/or Government property. It can range from a threat or verbal abuse to a physical assault or homicide.

The scope of this policy incorporates workplace violence between employees, between an employee and a non-employee, or between an employee and a detainee.

b. Responsibilities

- (1) IHSC personnel must adhere to work practices that are designed to make the workplace environment more secure.
- (2) IHSC personnel must not engage in verbal threats or physical actions that create a security hazard for others in the workplace.

(3) The HSA must ensure that all health staff are trained on workplace violence prevention measures, are provided a copy of this policy during orientation, and are required to review it annually.

c. Requirements

(1) IHSC staff should act on all reports of incidents involving workplace violence and take appropriate action, including, but not limited to, removing perpetrators from IHSC space, initiating disciplinary action, reporting incidents to the Joint Intake Center, DHS Office of Inspector General, or Office of Professional Responsibility, which may result in referral for criminal prosecution. IHSC staff must promptly notify the Contract Officer Representatives (CORs) of any incidents involving contract staff.

d. Reporting Incidents

(1) IHSC health staff must report all incidents to the HSA immediately, who must notify the Assistant Field Office Director (AFOD) in a timely manner. The supervisor or manager receiving the report must account for all staff and make all notifications through their chain of command.

(2) All other IHSC personnel must report incidents to his or her supervisor or program manager and/or other designated person pursuant to the policies/procedures set forth by his or her employer for reporting workplace violence.

4.8. Ergonomics

Ergonomics is the scientific study of work and specifically refers to adapting the work space to the human body rather than requiring the human body to fit into the work space. Incorporating ergonomic principles provides opportunities to adjust the work environment and work practices in order to prevent injuries before they occur. Occupational Safety and Health Administration (OSHA) provides recommended ergonomic guidelines for adapting tasks, work stations, tools, and equipment within the workplace which can help reduce physical stress on the worker's body and prevent potential work-related injuries as well as serious, disabling musculoskeletal disorders (MSDs).

a. IHSC staff should be familiar with the recommended ergonomic guidelines on proper body mechanics, workstation setup and adjustments, and other modified work practices and administrative or engineering controls for various tasks in the work environment.

- b. Supervisors must ensure that all IHSC staff is provided with information on ergonomic workplace guidelines so that each individual can evaluate his or her workplaces for ergonomic hazards and use the recommended actions to reduce the occurrence of ergonomic problems.
- c. IHSC staff must notify their respective Unit Chief or HSA of any known existing ergonomic hazards in their work areas in order to initiate good faith efforts at reducing these hazards.

4.9. Bio-Medical Equipment Management

- a. The HSA must establish a bio-medical equipment management program that incorporates the operational assessment and oversight of all equipment used in IHSC-staffed medical clinics for the diagnosis, treatment, monitoring, and care of patients to ensure the equipment is accessible, safe, and accurate.
- b. The HSA or designee must adhere to the manufacturer's recommendations on preventive maintenance intervals for all biomedical equipment checks, which must be accomplished by an authorized and certified service contractor in accordance with recommendations from The Joint Commission Standard EC.02.04.01; and Centers for Medicare & Medicaid Services ([CMS Memorandum Summary: Hospital Equipment Maintenance Requirements](#)).
- c. The HSA oversees the Bio-medical Equipment Management Program which includes the following criteria:
 - (1) Written bio-medical equipment management plan
 - (2) Bio-medical equipment inventory
 - (3) Inspections of bio-medical equipment in accordance with the manufacturer's instructions
 - (4) Annual preventive maintenance
 - (5) Equipment failure reports
 - (6) Medical Device Reporting (MDR)
 - (7) Documentation and recordkeeping
 - (8) Training

- d. The HSA must ensure that bio-medical equipment is inspected in accordance with the manufacturer's recommendations and documented.
- e. Health staff will notify the HSA or designee immediately if malfunction or equipment failure of any bio-medical equipment is identified.
- f. Health staff must conduct daily checks on refrigerators and freezers that store medications and those that store biological specimens to ensure that temperatures are within acceptable limits of the medication manufacturer's recommendations, [CDC guidance on vaccine storage and handling](#), and laboratory requirements under [Title 42, Code of Federal Regulations, Part 493](#) and [CMS Clinical Laboratory Improvement Amendments \(CLIA\)](#).
- g. Health staff will notify the HSA or designee immediately if temperature discrepancies are identified. Health staff must also notify Pharmacy staff if temperature discrepancies have compromised refrigerated or frozen medications or vaccines.
- h. The HSA must ensure that annual preventive maintenance checks are conducted with an authorized and certified service contractor.
- i. Health staff must ensure that bio-medical equipment is operationally safe before each use.
- j. The HSA must ensure that all operators of medical equipment are trained with documented competency on equipment they operate, consistent with the manufacturers recommendations and accreditation standards, at the time of initial orientation and annually thereafter.
- k. The HSA must implement and manage the medical device reporting program to include documenting medical device incidents, providing training and education on the reporting program to health staff, and submitting mandatory and voluntary reports to the FDA and/or the medical device manufacturer in accordance with Federal regulations.

4.10. Hazardous Tool Management

- a. The HSA oversees the Medical and Dental Hazardous Tool Control Program in accordance with PBNDS 2011 or the most current Family Residential Standard, as applicable. The Medical and Dental Hazardous Tool Program includes the following elements:
 - (1) Hazardous tool inventory

- (2) Procedures on accountability, storage, and issuing tools to staff
- (3) Procedures for surveying and destroying excess, broken or worn-out tools
- (4) Procedures in the event of lost tools
- (5) Training requirements

- b. The HSA must ensure that all medical and dental instruments, sharp equipment and sharp supplies, such as syringes, needles, and other sharps, are maintained on an inventory, are continually controlled and accounted for, and kept in locked storage when not in use.
- c. Health staff must immediately report lost or missing tools to the HSA who must notify the facility administration immediately.
- d. Health staff must immediately report damaged tools to the HSA, who in turn ensures that these tools are removed from the inventory and disposed of correctly.

4.11. Golf Cart/Utility Vehicle

- a. The HSA or designee must ensure that a Vehicle Use and Training Program is implemented for IHSC-staffed medical clinics that use golf cart/utility vehicles for general use or patient transport within their facility boundaries.
- b. The HSA or designee must ensure that health staff who operate golf cart/utility vehicles are trained on all operational standards, hands-on vehicle operational instructions, and sign a vehicle safety acknowledgement form prior to vehicle use.
- c. The HSA or designee must ensure that documentation of training and safety acknowledgement forms are maintained in the staff training folder.
- d. The HSA or designee must ensure that health staff who operate golf cart/utility vehicles have a valid driver's license at the time of use.
- e. Health staff who operate golf cart utility vehicles must immediately report all accidents involving these vehicles to the HSA or designee.

4.12. Special Needs Accommodation

- a. The HSA must provide guidance and coordinate with other facility departments regarding necessary modifications, accommodations, or assistance which is required for a detainee with a disability to meaningfully access the facility's programs or activities, including access to healthcare and IHSC services, pursuant to Section 504 of the Rehabilitation Act. *For guidance on detainee special needs determination and accommodations; see IHSC Directive 03-11: Special Needs Patients.*
- b. The HSA must provide guidance and coordinate with other facility departments regarding the necessary modifications, accommodations, or assistance needed by health staff with special needs. Refer to the *Rehabilitation Act of 1973* for additional guidance.
- c. For federal staff, the HSA should consult [ICE | Procedures to Facilitate the Provision of Reasonable Accommodation](#), available through the [Diversity Management Division - Disability Employment Program](#).
- d. The HSA should direct contract staff to their employer for reasonable accommodation requests.

4.13. Mishap Reporting

- a. Staff injury reporting

The HSA must ensure that work-related staff injuries or exposures meeting criteria according to OSHA requirements defined in [29 CFR 1904](#) are recorded or reported in accordance with [29 CFR 1904](#). For guidance on the management of occupational injuries and illnesses, refer to the following:

(1) IHSC Directive 05-02 Occupational Health

(2) IHSC Employee Health Guide

- b. Detainee injury reporting

The HSA must ensure that all detainee injuries are reported using the IHSC SharePoint within "Risk Management" of the Medical Quality Management Unit. *See IHSC Directive 11-06 "Time Frame for Submitting Medical Incident Report."* Health staff must refer to this directive for the management and acuity levels time frame reporting requirements for all medical incidents.

c. Clinical Incident Reporting

The HSA must report all significant clinical incidents including near-misses, adverse events, and sentinel events. All health staff must refer to the following directives and guides for appropriate guidance on the management and reporting process for clinical incidents:

- (1) *IHSC Directive 11-08 Clinical Incident Management (CIM)*
- (2) *IHSC Clinical Incident Management (CIM) Guide*
- (3) *IHSC Directive 11-06 Time Frame for Submitting Medical Incident Reports*

4.14. Orientation and Training

- a. The HSA must ensure that all health staff receives training on the topics inclusive of this directive.
- b. Training for safety and security must be included in orientation and annual training requirements for all facility IHSC staff. Documentation of training completion must be entered into the personnel training record for each attendee and must include date of completion. Standardized national training materials including a content summary and version date must be centrally located and accessible by all IHSC staff.
- c. The HSA or designee is responsible for compliance training requirements and training documentation. The HSA may maintain a master training document for monitoring and reporting purposes; however, PII is not authorized on the master document.
- d. The HSA must ensure that orientation and training records are maintained on site for a minimum of three years after the date of training.

5. PROCEDURES. Detailed procedures related to this directive are found in *IHSC Safety and Security Guide* and *IHSC Golf Cart/Utility Vehicle Guide* located within the following folder: [All Guides](#)

6. HISTORICAL NOTES. This directive replaces chapter 7.3.1, 7.3.2, 7.3.4, 7.3.5, and 7.3.7 from the legacy IHSC Policy and Procedures Manual, IHSC Directive 01-23, IHSC Operations Memorandum13-007 and 01-23, Workplace Violence Prevention and Awareness. This is the first issuance published under the new Policy and Procedure System.

7. DEFINITIONS.

Clinic – The clinic is the physical area in the facility and organizational unit set-aside for routine health care and sick call. The clinic is the designated part of the facility for the delivery of care to detainees on an ambulatory or observation basis. (IHSC Operational Definition)

Facility Staff – For IHSC purposes, this may refer to any non-medical staff at Service Processing Centers (SPCs), Contract Detention Facilities (CDFs), or Intergovernmental Service Agreement (IGSA) Facilities who are federal or contract employees. This includes, but is not limited to ERO Law Enforcement Officers and custody staff (contract or non-contract), who may or may not have contact with detainees. (IHSC Operational Definition)

Health Staff – Health staff includes all health care professionals (including contracted staff) as well as administrative and supervisory staff at *IHSC staffed medical clinics*. (IHSC Operational Definition)

IHSC Staff – Includes all federal and contract personnel assigned to the IHSC.

Pharmacy Staff – Pharmacy staff includes pharmacists and pharmacy technicians.

8. APPLICABLE STANDARDS.

8-1. Performance Based National Detention Standards (PBNDS 2011)

- a. 1.1 Emergency Plans
- b. 1.2 Environmental Health and Safety
- c. 2.7 Key and Lock Control
- d. 2.14 Tool Control
- e. 4.3 Medical Care
- f. 7.3 Staff Training

8-2. Family Residential Standards

- a. 1.2 Environmental Health and Safety
- b. 2.4 Key and Lock Control
- c. 2.9 Tool Control

- d. 4.3 Medical Care
- e. 7.3 Staff Hiring and Training

8-3. American Correctional Association (ACA):

- a. 4-ALDF-1A Protection from Injury and Illness
- b. 4-ALDF-1C Emergencies
- c. 4-ALDF-1C-07 Fire Safety
- d. 4-ALDF-2D Access to Keys, Tools and Utensils.
- e. 4-ALDF-4C-40 Special needs Inmates
- f. 4-ALDF-6B Fair Treatment of Inmates
- g. 4-ALDF-7B-05 Training and Staff Development

8-4. National Commission on Correctional Health Care (NCCHC):

- a. J-B-02 Patient Safety
- b. J-B-03 Staff Safety
- c. J-C-09 Orientation for Health Staff

8-5. National Fire Protection Association (NFPA):

- a. NFPA 101 The Life Safety Code 2015

9. PRIVACY AND RECORDKEEPING. IHSC maintains detainee medical records as provided in the Alien Health Records System of Records Notice, 80 Fed. Reg. 239 (January 5, 2015). ICE maintains individual detention and removal records as provided in the Immigration and Enforcement Operational Records (ENFORCE) System of Records, 80 Fed. Reg. 24269 (April 30, 2015).

Protection of Medical Records and Sensitive Personally Identifiable Information (PII).

- 9-1.** Medical records, whether electronic or paper, may only be disclosed to or accessed by those officers and employees of the agency which maintain the record who have a need for the record in the performance of their duties. Paper records must be secured at all times within a locked cabinet

or room when not under the direct control of an officer or employee of the agency with a need for the record in the performance of their duties.

- 9-2. Staff is trained at orientation and annually on the protection of patient medical information and Sensitive PII.
- 9-3. Staff references the Department of Homeland Security *Handbook for Safeguarding Sensitive Personally Identifiable Information* (March 2012) at:
https://insight.ice.dhs.gov/mgt/oop/Documents/pdf/safeguarding_spii.pdf when additional information is needed concerning safeguarding Sensitive PII.

10. **NO PRIVATE RIGHT STATEMENT.** This directive is an internal policy statement of IHSC. It is not intended to, and does not create any rights, privileges, or benefits, substantive or procedural, enforceable against the United States; its departments, agencies, or other entities; its officers or employees; or any other person.